

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10654109 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							
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TOTAL IND.	1						
TOTAL DEP.	3	←	←	←			
TOTAL CLAIMS	4	██████████	██████████	██████████	██████████	██████████	██████████

51	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS	4	██████████	██████████	██████████	██████████	██████████